

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2002 JUL 15 AM 10:17

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

47

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Ms. Antoniette R.
NICKNAME LAST SUFFIX
"Toni" Moorhouse

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4126 Valleyfield
San Antonio, Tx. 78222

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Ms. Theodora
NICKNAME LAST SUFFIX
"Teddy" Hummel

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
510 Fay San Antonio, Tx. 78211

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 923-7196

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
01 / 01 / 02 THROUGH 06 / 30 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
/ /
☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

Councilwoman Dist. 3

12 OFFICE SOUGHT (if known)

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

COVER SHEET PG 2

2002 JUL 15 AM 10:19

14 C/OH NAME

Antionette R. "Toni" Moorhouse

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE

FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 2,010⁰⁰2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 59,355.91

EXPENDITURE
TOTALS3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED
(not already shown on the report)\$ 443⁶⁸

4. TOTAL POLITICAL EXPENDITURES

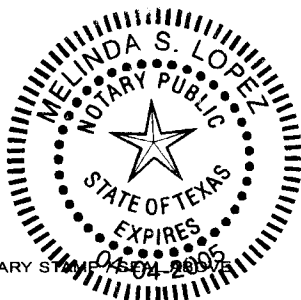
\$ 11,802⁴⁴OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3,000⁰⁰

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP HERE

Antionette R. "Toni" Moorhouse

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Antionette Moorhouse, this the 15th day of July, 20 02, to certify which, witness my hand and seal of office.

Melinda S. Lopez

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2002 JUL 15

AM 10:10

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

1 of 30

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/08/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Berkley V. Dawson

6 Contributor address; City; State; Zip Code

P.O. Box 937- S.A., Tx. 78202

7 Amount of contribution (\$)

\$ 500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

01/08/02

Full name of contributor

☐ out-of-state PAC (ID#)

Loeffler, Jonas, Tuggey

Contributor address; City; State; Zip Code

700 No. St. Mary's- SAT 78205

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

01/04/02

Full name of contributor

☐ out-of-state PAC (ID#)

David Starr

Contributor address; City; State; Zip Code

2161 W. Military- 78213

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

01/10/02

Full name of contributor

☐ out-of-state PAC (ID#)

Richard T. Naase

Contributor address; City; State; Zip Code

433 Sheridan- SAT 78209

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

01/07/02

Full name of contributor

☐ out-of-state PAC (ID#)

Ernest Bromley

Contributor address; City; State; Zip Code

104 E. Elsmere- SAT 78212

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg Tot: \$3,500.00) Sub: \$3,500.00

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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RECEIVED
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1 Total pages this Schedule A1:

2 of 30

2 FILER NAME

Antoinette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/11/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Douglas C. Beach

6 Contributor address; City; State; Zip Code

217 Alamo Plaza, Ste. 300- SAT 78205

7 Amount of contribution (\$)

\$ 500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

01/03/02

Full name of contributor

☐ out-of-state PAC (ID#)

Peter M. Holt

Contributor address; City; State; Zip Code

2191 Little Blanco Rd - Blanco, Tx 78606

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

01/30/02

Full name of contributor

☐ out-of-state PAC (ID#)

Valero PAC

Contributor address; City; State; Zip Code

P.O. Box 500-MS-3G - SAT 78292

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

01/29/02

Full name of contributor

☐ out-of-state PAC (ID#)

R. Lawrence Macon

Contributor address; City; State; Zip Code

P.O. B. 120250 - SAT 78212

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

01/31/02

Full name of contributor

☐ out-of-state PAC (ID#)

Bill Kaufman

Contributor address; City; State; Zip Code

1250 Frost Bank Tower - SAT 78205

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot: \$3,000.00) Sub: \$6,500

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

3 of 30

2 FILER NAME

Antonie Hep. Toni Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/26/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

JEL & Associates

6 Contributor address; City; State; Zip Code

8710 Rustling Meadows - SAT 78254

7 Amount of contribution (\$)

\$ 1500

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

01/16/02

Full name of contributor

☐ out-of-state PAC (ID#)

Grande Comm. PAC

Contributor address; City; State; Zip Code

401 Carlson Circle - San Marcos TX 78666

Amount of contribution (\$)

\$ 500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

02/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

Lukin Gilliland, Jr.

Contributor address; City; State; Zip Code

901 W.E. Loop 410, Ste. 909 - SAT 78209

Amount of contribution (\$)

\$ 250

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

02/18/02

Full name of contributor

☐ out-of-state PAC (ID#)

Heard, Linebarger LLP

Contributor address; City; State; Zip Code

711 Navarro, Ste. 300 - SAT 78205

Amount of contribution (\$)

\$ 1,000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/03/02

Full name of contributor

☐ out-of-state PAC (ID#)

E. Taylor O'Dell, Jr.

Contributor address; City; State; Zip Code

1601 Bellnap - SAT 78212

Amount of contribution (\$)

\$ 100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CPg. Tot: \$ 2,000 Sub: \$ 8,500

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS

2002 JUL 15 AM 10:17
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 4 of (30)	
2 FILER NAME Antionette R. "Toni" Moorhouse		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/05/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edward W. Dow II	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10536 FM1560 N. - SAT 78254			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/07/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. Philip E. Nelson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 115 W. Rosewood - SAT 78212			
Principal occupation (Optional)		Employer (Optional)	
Date 03/07/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: G-SABA-SAB PAC	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8925 IH10-West - SAT 78230			
Principal occupation (Optional)		Employer (Optional)	
Date 03/05/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Seawillow F. Perron Trust	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3707 J. St. Mary's #201 - SAT 78212			
Principal occupation (Optional)		Employer (Optional)	
Date 03/05/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: S.A. Ventures Acct.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10000 San Pedro #100 - SAT 78216			
Principal occupation (Optional)		Employer (Optional)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> <p align="center">(Pg. Tot: \$1,650.00) Sub: \$10,150</p>			



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2002 JUL 15 AM 10:17

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1 Total pages this Schedule A1:

5 of 30

2 FILER NAME

Antonie He R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/06/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Guyla J. Sineni

6 Contributor address; City; State; Zip Code

208 Castle Gardens - SAT 78213

7 Amount of contribution (\$)

8150⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03/11/02

Full name of contributor

☐ out-of-state PAC (ID#)

Euro-Roosevelt Joint Venture

Contributor address; City; State; Zip Code

2008 J.W. Military - SAT 78213

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/12/02

Full name of contributor

☐ out-of-state PAC (ID#)

Steven A. Waters

Contributor address; City; State; Zip Code

311 E. Mandalay - SAT 78212

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/12/02

Full name of contributor

☐ out-of-state PAC (ID#)

David L. Earl - Earl & Brown

Contributor address; City; State; Zip Code

Box 71-5804 Babcock - SAT 78240

Amount of contribution (\$)

3,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/15/02

Full name of contributor

☐ out-of-state PAC (ID#)

Chesley J. Swann, III

Contributor address; City; State; Zip Code

P.O. B. 6882 - SAT 78209

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Cp. Tot: \$3,450⁰⁰ Sub: \$13,600



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2002 JUL 15 AM 10:17

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1 Total pages this Schedule A1:

6 of 30

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/19/02

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Bill Kaufman

6 Contributor address; City; State; Zip Code

1250 Frost Bank Tower - SAT 78205

7 Amount of contribution (\$)

1,000⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03/19/02

Full name of contributor

☐ out-of-state PAC (ID# _____)

Robert L. Worth, Jr.

Contributor address; City; State; Zip Code

217 College Blvd. - SAT 78209

Amount of contribution (\$)

300⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/20/02

Full name of contributor

☐ out-of-state PAC (ID# _____)

Walter M. Embrey

Contributor address; City; State; Zip Code

1100 W. Loop 410, #900 - SAT 78209

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/20/02

Full name of contributor

☐ out-of-state PAC (ID# _____)

Rick Sheldon

Contributor address; City; State; Zip Code

4006 GreenOak - Waco, Tx. 76710

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/20/02

Full name of contributor

☐ out-of-state PAC (ID# _____)

James Bastoni

Contributor address; City; State; Zip Code

106 Otawa Run - SAT 78231

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$3,550⁰⁰) Sub: \$17,150

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2002 JUL 15 AM 10:17

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1 Total pages this Schedule A1:

7 of 30

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/20/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Darren B. Casey

6 Contributor address; City; State; Zip Code

814 Arion Pkwy #200- SAT
782167 Amount of
contribution (\$)200⁰⁰8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

Glen E. (Sam) Mills

Contributor address; City; State; Zip Code

10 Sherborne Wood- SAT
78218Amount of
contribution (\$)200⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

G. W. Worth, Jr.

Contributor address; City; State; Zip Code

6929 Camp Bullis Rd. - SAT
78236Amount of
contribution (\$)1,000⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

Darren B. Casey

Contributor address; City; State; Zip Code

814 Arion Pkwy #200- SAT
78216Amount of
contribution (\$)300⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

E. Edward Barron, III

Contributor address; City; State; Zip Code

5150 J. Loop #604 W. - SAT
78249Amount of
contribution (\$)500⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$2,200⁰⁰) Sub: \$19,350

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2002 JUL 15 AM 10:18

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

8 of 30

2 FILER NAME

Antoinette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/20/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Michael L. Birnbaum

6 Contributor address; City; State; Zip Code

70 K E Loop 410 SAT 78216

7 Amount of contribution (\$)

\$ 500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

Sam Barskop

Contributor address; City; State; Zip Code

900 Isom Rd. SAT 78216

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

Lewis F. Westerman

Contributor address; City; State; Zip Code

3 Blenheim - SAT 78209

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

William Atwell, II

Contributor address; City; State; Zip Code

970 Isom Rd. - SAT 78216

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/21/02

Full name of contributor

☐ out-of-state PAC (ID#)

G.E. Reaves Engineering

Contributor address; City; State; Zip Code

1017 Central Pkwy. SAT 78232

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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(Pg. Tot. \$1,350⁰⁰) Sub: \$20,700

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

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2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/27/02

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Michael Moore

6 Contributor address; City; State; Zip Code

9723 Mid Walk - SAT 78230

7 Amount of contribution (\$)

\$250⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

03/28/02

Full name of contributor

☐ out-of-state PAC (ID# _____)

M. Rownsion

Contributor address; City; State; Zip Code

990 Isom - SAT 78216

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/09/02

Full name of contributor

☐ out-of-state PAC (ID# _____)

Robert Liesman

Contributor address; City; State; Zip Code

2310 Encino Hollow - SAT 78259

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/27/02

Full name of contributor

☐ out-of-state PAC (ID# _____)

G. W. Worth

Contributor address; City; State; Zip Code

6929 Camp Bullis - SAT 78256

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/06/02

Full name of contributor

☐ out-of-state PAC (ID# _____)

Eugene A. Dawson, Jr.

Contributor address; City; State; Zip Code

208 W. Tower Dr. - SAT 78232

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$2,500⁰⁰) Sub: \$23,200

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2002 JUL 15 AM 10:18

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1 Total pages this Schedule A1:

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2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/06/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Medallion Partners, LTD

6 Contributor address; City; State; Zip Code

6929 Camp Bullis - SAT 78236

7 Amount of contribution (\$)

\$1,500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/06/02

Full name of contributor

☐ out-of-state PAC (ID#)

Sam Dawson

Contributor address; City; State; Zip Code

3802 Mill Court - SAT 78230

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

David L. Earl

Contributor address; City; State; Zip Code

111 Soledad #1111 - SAT 78205

Amount of contribution (\$)

5,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/05/02

Full name of contributor

☐ out-of-state PAC (ID#)

S.A.P.O.A. - PAC

Contributor address; City; State; Zip Code

1939 W.E. Loop 410, #230 - SAT 78217

Amount of contribution (\$)

2,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/10/02

Full name of contributor

☐ out-of-state PAC (ID#)

S. Brad Davis

Contributor address; City; State; Zip Code

11434 Whisper Dawn - SAT 78230

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$9,500⁰⁰) Sub: \$32,700

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2002 JUN 15 AM 10:18

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

11 of 30

2 FILER NAME

Antoinette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/10/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Arthur Coulombe

6 Contributor address; City; State; Zip Code

105 Bobcat Bend - SAT 78231

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/11/02

Full name of contributor

☐ out-of-state PAC (ID#)

Davidson & Troile

Contributor address; City; State; Zip Code

7550 IH 10 West, #800 - SAT 78229

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/12/02

Full name of contributor

☐ out-of-state PAC (ID#)

Pat Frost

Contributor address; City; State; Zip Code

604 Garrahy Rd. - SAT 78209

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/12/02

Full name of contributor

☐ out-of-state PAC (ID#)

Bill Lyons

Contributor address; City; State; Zip Code

720 Castano - SAT 78209

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/14/02

Full name of contributor

☐ out-of-state PAC (ID#)

Caryn M. Hasslocher

Contributor address; City; State; Zip Code

1823 E. Lawndale - SAT 78209

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$875⁰⁰) Sub: \$33,575

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

SCHEDULE A1

The INSTRUCTION GUIDE explains how to complete this form.

2002 JUL 15 AM 10:18
Total pages this Schedule A1:

12 of 30

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/14/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Vernon Hophan

6 Contributor address; City; State; Zip Code

3455 E. Southcross - SAT 78223

7 Amount of contribution (\$)

25⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/14/02

Full name of contributor

☐ out-of-state PAC (ID#)

Evanleen Schmuckle

Contributor address; City; State; Zip Code

511 Avant - SAT 78210

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/15/02

Full name of contributor

☐ out-of-state PAC (ID#)

M.K.T. Plus

Contributor address; City; State; Zip Code

823 Lone Wolf - SAT 78232

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/15/02

Full name of contributor

☐ out-of-state PAC (ID#)

James Fenimore

Contributor address; City; State; Zip Code

332 W. Villaret - SAT 78221

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/15/02

Full name of contributor

☐ out-of-state PAC (ID#)

Betty Jane Burke

Contributor address; City; State; Zip Code

4406 Pecan Grove - SAT 78223

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$225⁰⁰) Sub. \$33,800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

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2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/24/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Dr. Edward Allen Benson

6 Contributor address; City; State; Zip Code

12822 Country Crest - SAT 78216

7 Amount of contribution (\$)

\$ 25.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/17/02

Full name of contributor

☐ out-of-state PAC (ID#)

Luis de la Garza

Contributor address; City; State; Zip Code

511 Bluffwood - SAT 78216

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/17/02

Full name of contributor

☐ out-of-state PAC (ID#)

Norcell D. Waywood, AIA

Contributor address; City; State; Zip Code

1221 S.W.W. White - SAT 78223

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/17/02

Full name of contributor

☐ out-of-state PAC (ID#)

Charles E. Amato

Contributor address; City; State; Zip Code

9311 San Pedro #6000 - SAT 78216

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/17/02

Full name of contributor

☐ out-of-state PAC (ID#)

Chesley J. Swann, III

Contributor address; City; State; Zip Code

P.O.B. 6862 - SAT 78209

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$525.00) Sub: \$34,325

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

CITY OF SAN ANTONIO
2002 JUL 15 AM 10:18

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

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2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/18/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Kathryn B. Godfrey

6 Contributor address; City; State; Zip Code

506 Bluff Estates - SAT 78216

7 Amount of contribution (\$)

500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/19/02

Full name of contributor

☐ out-of-state PAC (ID#)

Dr. Judith L. Smith

Contributor address; City; State; Zip Code

1440 Greer - SAT 78210

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/19/02

Full name of contributor

☐ out-of-state PAC (ID#)

Bob Ross Realty PAC

Contributor address; City; State; Zip Code

P.O.B. 28490 - SAT 78228

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/19/02

Full name of contributor

☐ out-of-state PAC (ID#)

Steven A. Waters

Contributor address; City; State; Zip Code

311 E. Mandalay - SAT 78212

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/19/02

Full name of contributor

☐ out-of-state PAC (ID#)

Morris Spector, M.D.

Contributor address; City; State; Zip Code

P.O. Box 15273 - SAT 78212

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. 1,250⁰⁰) Sub. # 35,575

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

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2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/18/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Phillip D. Green

6 Contributor address; City; State; Zip Code

157 Cibola Ridge Trail - Boerne, TX 78015

7 Amount of contribution (\$)

500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/19/02

Full name of contributor

☐ out-of-state PAC (ID#)

William A. Atwell, II

Contributor address; City; State; Zip Code

970 Isom Rd. - SAT 78216

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/19/02

Full name of contributor

☐ out-of-state PAC (ID#)

David Starr

Contributor address; City; State; Zip Code

2161 NW Military #111 - SAT 78213

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

Alfonso Chiscano, M.D.

Contributor address; City; State; Zip Code

15243 Pebble Cove - SAT 78232

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

Mrs. R. W. Evans, Jr.

Contributor address; City; State; Zip Code

315 Terrell Rd. - SAT 78209

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$850⁰⁰) Sub: 36,425

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

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2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/20/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

T.C. Frost

6 Contributor address; City; State; Zip Code

P.O. B. 1600 - SAT 78296

7 Amount of contribution (\$)

\$ 500

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/21/02

Full name of contributor

☐ out-of-state PAC (ID#)

Charles E. Cheever Jr.

Contributor address; City; State; Zip Code

501 Terrell Rd. - SAT 78209

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/21/02

Full name of contributor

☐ out-of-state PAC (ID#)

William Leroy Perotti

Contributor address; City; State; Zip Code

2227 Estate View Dr - SAT 78260

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/21/02

Full name of contributor

☐ out-of-state PAC (ID#)

G-SABA - SABPAC

Contributor address; City; State; Zip Code

8925 IH-10 West - SAT 78230

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

Mrs. Robyn Locke

Contributor address; City; State; Zip Code

123 Inslee Ave. - SAT 78209

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CPg. Tot. \$1,350 Sub. \$37,775

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2007 JUL 15 AM 10:19

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

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2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/21/02

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Marmon Mok LHP-Opr Acct

6 Contributor address; City; State; Zip Code

700 W. St. Marys #1600-SAT 78205

7 Amount of contribution (\$)

250⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/21/02

Full name of contributor

☐ out-of-state PAC (ID# _____)

Frank D. Wing

Contributor address; City; State; Zip Code

222 LaChade - SAT 78214

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/21/02

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jesse F. Jenkins

Contributor address; City; State; Zip Code

2644 Waleetka - SAT 78210

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/21/02

Full name of contributor

☐ out-of-state PAC (ID# _____)

Emily Hoch

Contributor address; City; State; Zip Code

606 Saipan - SAT 78221

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/23/02

Full name of contributor

☐ out-of-state PAC (ID# _____)

George E. Block, Jr.

Contributor address; City; State; Zip Code

2402 Benrus Blvd - SAT 78228

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$525⁰⁰) Sub. \$38,300

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

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2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/24/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Patrick J. Kennedy

6 Contributor address; City; State; Zip Code

112 Pecan #2810-SAT 78205

7 Amount of
contribution (\$)500⁰⁰8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/24/02

Full name of contributor

☐ out-of-state PAC (ID#)

Seven Angels

Contributor address; City; State; Zip Code

9682 Kirkner - SAT 78263

Amount of
contribution (\$)75⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

Mary Jessie & Juan LeCea

Contributor address; City; State; Zip Code

635 Saipan - SAT 78221

Amount of
contribution (\$)50⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

Buddy F. Ford

Contributor address; City; State; Zip Code

825 E. Locust - SAT 78212

Amount of
contribution (\$)250⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

Mike Barnard

Contributor address; City; State; Zip Code

11807 Sunburst Ln - SAT 78230

Amount of
contribution (\$)500⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$1,375⁰⁰) Subt. \$39,675

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

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2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/24/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Angelo D. Pasquale

6 Contributor address; City; State; Zip Code

2507 Aiawatha - SAT 78210

7 Amount of contribution (\$)

\$ 500

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

Bart Huffman

Contributor address; City; State; Zip Code

1802 Shoal Run - SAT 78232

Amount of contribution (\$)

2500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

Michael J. Tease

Contributor address; City; State; Zip Code

533 Nolan - SAT 78202

Amount of contribution (\$)

5000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/24/02

Full name of contributor

☐ out-of-state PAC (ID#)

Ronald E. Dausin

Contributor address; City; State; Zip Code

8007 N.E. 410 - SAT 78219

Amount of contribution (\$)

2500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

Bebb Francis

Contributor address; City; State; Zip Code

111 E. Mandalay - SAT 78212

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$47500) Sub: \$40,150

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2002 JUL 15 AM 10:19
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 20 of 30	
2 FILER NAME Antionette R. "Toni" Moorhouse		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/24/02	5 Full name of contributor Sandra Watson 6 Contributor address; City; State; Zip Code 9441 Old C.C. Rd. - SAT 78223	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/25/02	Full name of contributor Ruben C. Cervantes Contributor address; City; State; Zip Code 203 Rio Seco - SAT 78232	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/02	Full name of contributor Bernard L. Lifshutz Contributor address; City; State; Zip Code 213 W. Travis St. - SAT 78205	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/02	Full name of contributor Wayne Harwell Contributor address; City; State; Zip Code P.O.B. 17065 - SAT 78217	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/02	Full name of contributor Ernestine F. Mason Contributor address; City; State; Zip Code 9175 Cagnon Rd. - SAT 78252	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> <p align="center">(Pg. Tot. 900.00) Sub: 41,050</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

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2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/25/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Milton Guess

6 Contributor address; City; State; Zip Code

800 Navarro St. - SAT 78205

7 Amount of contribution (\$)

500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

Frank Sepulveda

Contributor address; City; State; Zip Code

211 Meca Dr. - SAT 78232

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

Mark Granados

Contributor address; City; State; Zip Code

10223 McAllister Frwy - SAT 78116

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

R. Rodriguez

Contributor address; City; State; Zip Code

San Antonio, Tx. 78237

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

R. Rodriguez

Contributor address; City; State; Zip Code

San Antonio, Tx. 78237

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$2,000⁰⁰) Sub: \$43,050

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2002 JUL 15 AM 10:19

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

22 of 30

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/25/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Christine Hernandez

6 Contributor address; City; State; Zip Code

822 Hoover - SAT 78225

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

Maureen McCann

Contributor address; City; State; Zip Code

2028 Canyon Vista - SAT 78247

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

John Walker

Contributor address; City; State; Zip Code

1603 Macogdoches - SAT 78209

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

Raba-Kistner PAC

Contributor address; City; State; Zip Code

P.O. B. 690287 - SAT 78269

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

Keith D. Rosbury

Contributor address; City; State; Zip Code

1700 Gentle Way - Prosper, TX 75078

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$725⁰⁰) Sub: \$43,775

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2002 JUL 15 AM 10:19

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

23 of 30

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/23/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jesse F. Jenkins

6 Contributor address; City; State; Zip Code

2644 Waleethka - SAT 78210

7 Amount of contribution (\$)

400

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/28/02

Full name of contributor

☐ out-of-state PAC (ID#)

Michael Sowaya

Contributor address; City; State; Zip Code

1422 Vista Del Monte - SAT 78216

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/13/02

Full name of contributor

☐ out-of-state PAC (ID#)

E. J. Cop

Contributor address; City; State; Zip Code

Hwy. 173 - Camp Verde, Tx. 78010

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/21/02

Full name of contributor

☐ out-of-state PAC (ID#)

Akin, Gump, Strauss

Contributor address; City; State; Zip Code

Disbursement Acct, Wash, DC
1333 New Hampshire Ave., N.W. DC 20036

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

B. W. Coleman

Contributor address; City; State; Zip Code

P.O. Box 7429 - SAT 78207

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$2,340) Sub: \$46,115

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2002 JUL 15 AM 10:19

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

24 of 30

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/13/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Gene Powell

6 Contributor address; City; State; Zip Code

11 Lynn Battstane - SAT 78218

7 Amount of contribution (\$)

1,000⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/12/02

Full name of contributor

☐ out-of-state PAC (ID#)

Robert W. Barnes

Contributor address; City; State; Zip Code

701 Wiltshire - SAT 78209

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/17/02

Full name of contributor

☐ out-of-state PAC (ID#)

Lloyd A. Denton, Jr.

Contributor address; City; State; Zip Code

7979 Broadway - SAT 78209

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/13/02

Full name of contributor

☐ out-of-state PAC (ID#)

B. J. McCombs

Contributor address; City; State; Zip Code

P.O. Box BH003 - SAT 78201

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/12/02

Full name of contributor

☐ out-of-state PAC (ID#)

Michael D. Beldon

Contributor address; City; State; Zip Code

P.O. Box 13380 - SAT 78213

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$2,850⁰⁰) Sub: \$48,965

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

25 of 30

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/21/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Everitt Donald Walker

6 Contributor address; City; State; Zip Code

414 Cove Bluff-SAT 78216

7 Amount of
contribution (\$)500⁰⁰8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/17/02

Full name of contributor

☐ out-of-state PAC (ID#)

Walter M. Embrey

Contributor address; City; State; Zip Code

1100 J E Loop 410-SAT 78209

Amount of
contribution (\$)500⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/12/02

Full name of contributor

☐ out-of-state PAC (ID#)

Joe C. McKinney

Contributor address; City; State; Zip Code

6110 Yorkshire - ~~Spring Branch~~ 78070
Spring Branch, Tex.Amount of
contribution (\$)50⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/13/02

Full name of contributor

☐ out-of-state PAC (ID#)

Clifton Lowry

Contributor address; City; State; Zip Code

76 Oakwell Farms Pkwy-SAT 78216

Amount of
contribution (\$)200⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/13/02

Full name of contributor

☐ out-of-state PAC (ID#)

Wayne Alexander

Contributor address; City; State; Zip Code

2 Lost Timbers-SAT 78248

Amount of
contribution (\$)200⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$1,450⁰⁰) Sub: \$50,415

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2002 JUL 15 AM 10:19

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

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2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/13/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Edward Whitacre

6 Contributor address; City; State; Zip Code

155 Bushnell - SAT 78212

7 Amount of contribution (\$)

\$ 100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/14/02

Full name of contributor

☐ out-of-state PAC (ID#)

Trip Duperier, III

Contributor address; City; State; Zip Code

P.O. B. 2066 - Bandera, Tx. 78003

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/12/02

Full name of contributor

☐ out-of-state PAC (ID#)

Victor Joffray

Contributor address; City; State; Zip Code

1502 Bellshire - SAT 78216

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/18/02

Full name of contributor

☐ out-of-state PAC (ID#)

William T. Ellis

Contributor address; City; State; Zip Code

29234 Seabiscuit - Fair Oaks Ranch 78015

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/17/02

Full name of contributor

☐ out-of-state PAC (ID#)

E. Edward Barron, III

Contributor address; City; State; Zip Code

5150 J. Loop 1604 W. - SAT 78249

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$2,350.00) Sub: \$52,765

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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2002 JUL 15 AM 10:19

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

27 of 30

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/19/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Caroline A. Seay

6 Contributor address; City; State; Zip Code

116 Elizabeth Ann Ct. - SAT
78213

7 Amount of contribution (\$)

\$ 100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

Rick Wood

Contributor address; City; State; Zip Code

306 Hwy. 46 West - Boerne,
Tx. 78006

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/20/02

Full name of contributor

☐ out-of-state PAC (ID#)

Loeffler, Jonas, Tuggey

Contributor address; City; State; Zip Code

7000 St. Mary's - SAT
78205

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/18/02

Full name of contributor

☐ out-of-state PAC (ID#)

Michael Birnbaum

Contributor address; City; State; Zip Code

70 NE Loop 410, Ste. 750 - SAT
78216

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/12/02

Full name of contributor

☐ out-of-state PAC (ID#)

Grande Commun.

Contributor address; City; State; Zip Code

81 A1, Tx.

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot. \$1,500.00) Subt. \$54,265

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SQ-SPAC, SPAC, & SPAC-SS)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2002 JUL 15 AM 10:19

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

28 of 30

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

02/13/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Heard, Linebarger

6 Contributor address; City; State; Zip Code

San Antonio, Tx.

7 Amount of contribution (\$)

478.00

8 In-kind contribution description (if applicable)

Luncheon Club Giraud

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

Milton Guess

Contributor address; City; State; Zip Code

San Antonio, Tx.

Amount of contribution (\$)

701.85

In-kind contribution description (if applicable)

Printing

Principal occupation (Optional)

Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

Marco Barros

Contributor address; City; State; Zip Code

San Antonio, Tx.

Amount of contribution (\$)

365.00

In-kind contribution description (if applicable)

Postage

Principal occupation (Optional)

Employer (Optional)

Date

06/25/02

Full name of contributor

☐ out-of-state PAC (ID#)

GSA Hotel + Motel Assn. PAC

Contributor address; City; State; Zip Code

POB691754 - SAT 78269

Amount of contribution (\$)

1200.00

In-kind contribution description (if applicable)

Lamansion Reception

Principal occupation (Optional)

Employer (Optional)

Date

01/02

Full name of contributor

☐ out-of-state PAC (ID#)

Bob Sanchez

Contributor address; City; State; Zip Code

S.A., Tx.

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Digital Camera

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CPg. Tot. \$3,044.91 Sub: \$57,309.91

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2002 JUL 15 AM 10:19

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 29 of 30	
2 FILER NAME Antionette R. "Toni" Moorhouse		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leo Gomez 6 Contributor address; City; State; Zip Code S.A., Tx.	7 Amount of contribution (\$) \$246.00	8 In-kind contribution description (if applicable) 2 each tkts, Spurs Playoff Game
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pablo Escamilla Contributor address; City; State; Zip Code S.A., Tx.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) Office Equip.
Principal occupation (Optional)		Employer (Optional)	
Date 02/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Akin, Gump, ... Contributor address; City; State; Zip Code S.A., Tx.	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Loeffler Jonas Tuggey Contributor address; City; State; Zip Code S.A., Tx.	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) 2 ea tkts. to Go Rodeo Gala
Principal occupation (Optional)		Employer (Optional)	
Date 02/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lonesome Dave Gen. Store Contributor address; City; State; Zip Code S.A., Tx.	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) 2 ea tkts to Go Western Gala
Principal occupation (Optional)		Employer (Optional)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> <p align="center">(Pg. Tot: \$1046.00) Sub: \$58,355.91</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2002 JUL 15 AM 10:20

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

30 of 30

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/02

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

A.R.C. - PAC

6 Contributor address; City; State; Zip Code

Collahan Rd. - SAT

7 Amount of
contribution (\$)

\$1,000

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(Pg. Tot: 1,000) Tot: \$59,355.91

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

2002 JUL 15 AM 10:20

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

1080

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

06/02

6 Full name of pledgor

☐ out-of-state PAC (ID#)

Pablo Escamilla

7 Pledgor address; City; State; Zip Code

S. A., Tx.

8 Amount of pledge (\$)

\$500⁰⁰

9 In-kind description (if applicable)

10 Principal occupation (optional)

11 Employer (optional)

Date

06/02

Full name of pledgor

☐ out-of-state PAC (ID#)

Time Warner PAC

Pledgor address; City; State; Zip Code

San Antonio, Tx.

Amount of pledge (\$)

\$500⁰⁰

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

Date

06/02

Full name of pledgor

☐ out-of-state PAC (ID#)

Humberto Saldaña

Pledgor address; City; State; Zip Code

S. A., Tx.

Amount of pledge (\$)

\$500⁰⁰

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

Date

06/02

Full name of pledgor

☐ out-of-state PAC (ID#)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)

Pledgor address; City; State; Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

2002 JUL 15 AM 10:20

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Antioniette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a
financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none13 GUARANTOR
INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2002 JUL 15 AM 10:20

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 9

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/02
thru
06/02

5 Payee name

Space Savers

6 Payee address; City; State; Zip Code

Goliad Rd. - S.A., Tx. 78223

7 Amount (\$)

630.00

8 Purpose of payment (See instructions regarding type of information required.)

Storage Fee
Camp. Mtls.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

02/02/02

Payee name

Misc. Expenses to: HEB,
Wal Mart, Bill Millers

Payee address; City; State; Zip Code

Amount (\$)

325.78

Purpose of payment (See instructions regarding type of information required.)

For Ashley and
Rilling Rd. Cleanup

Goody Bags

Candidate / Officeholder name

Office sought

Office held

Chicken, Fries, Fruit, Gloves,
Antiseptics, Cleansers, Juice, Water.

Date

02/02

Payee name

Politico

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

Labels for
news letter Mail out

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

02/02

Payee name

Target (Airport)

Payee address; City; State; Zip Code

281 W. - SAT

Amount (\$)

111.02

Purpose of payment (See instructions regarding type of information required.)

Office Supp.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

(Pg. Tot: 1,316.80)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Sub Total: 1,316.80

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2002 JUL 15 4:10:20

Total pages Schedule F:

2 of 9

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

02/02

5 Payee name

Verizon

6 Payee address; City; State; Zip Code

Jones Maltsberger - SAT 78217

7 Amount (\$)

\$ 163.24

8 Purpose of payment (See instructions regarding type of information required.)

Phone (old #)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

02/02

Payee name

St. Lawrence

Payee address; City; State; Zip Code

Petaluma St. - SAT

Amount (\$)

\$ 100.00

Purpose of payment (See instructions regarding type of information required.)

Plate Dinners

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/02

Payee name

Southside Rep.

Payee address; City; State; Zip Code

Hackberry - SAT 78210

Amount (\$)

\$ 560.00

Purpose of payment (See instructions regarding type of information required.)

Advertising

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/02

Payee name

Audumn Armstrong

Payee address; City; State; Zip Code

San Antonio, Tx.

Amount (\$)

\$ 300.00

Purpose of payment (See instructions regarding type of information required.)

Clerical + Research

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

CP, Tol: \$1,123.24 Sub. Total: \$2,440.04

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POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2002 JUL 15 AM 10:20

1 Total pages Schedule F:

3 of 9

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/02

5 Payee name

Barn Door

6 Payee address; City; State; Zip Code

No. Jrew Braunsfels - SAT

7 Amount (\$)

\$ 349.88

8 Purpose of payment (See instructions regarding type of information required.)

Luncheon

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/02

Payee name

Cesar Chavez Event

Payee address; City; State; Zip Code

S. A., Tx.

Amount (\$)

\$ 250.00

Purpose of payment (See instructions regarding type of information required.)

Table Sponsor

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/02

Payee name

City of San Antonio

Payee address; City; State; Zip Code

SAT

Amount (\$)

68.74

Purpose of payment (See instructions regarding type of information required.)

Expenses

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/02

Payee name

Vozicon

Payee address; City; State; Zip Code

SAT

Amount (\$)

177.51

Purpose of payment (See instructions regarding type of information required.)

Jrew telephone (Jrew #)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

(Pg. Tot: 846.13)

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Sub: 3,286.17

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2002 JUL 15 AM 10:20

Total pages Schedule F:

4 of 9

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

04/02

S.S. Reporter

6 Payee address; City; State; Zip Code

S A T

\$385.18

8 Purpose of payment (See instructions regarding type of information required.)

Advertising

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

04/02

La Prensa Fundraiser

Payee address; City; State; Zip Code

80 Flores - S A T

\$72.74

Purpose of payment (See instructions regarding type of information required.)

Scholarships

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

04/02

Autumn Armstrong

Payee address; City; State; Zip Code

San Antonio, Tx.

\$100.00

Purpose of payment (See instructions regarding type of information required.)

Misc. Office Work + Errands

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

05/02

City of S. A.

Payee address; City; State; Zip Code

S. A., Tx.

\$120.69

Purpose of payment (See instructions regarding type of information required.)

Exp. Reim.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

CRJ Tot: \$678.52

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Sub: \$3964.69

POLITICAL EXPENDITURES		RECEIVED CITY OF SAN ANTONIO CITY CLERK		SCHEDULE F	
The INSTRUCTION GUIDE explains how to complete this form.				2002 JUL 15 AM 10:20 Total pages Schedule F: 5 of 9	
2 FILER NAME Antonieta R. Toni Moorhouse				3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/02	5 Payee name Spring Garden 6 Payee address; City; State; Zip Code Brooklyn St. - SAT			7 Amount (\$) \$300.00	
8 Purpose of payment (See instructions regarding type of information required.) Arrangements (Funerals, Constituents Spec. Days, etc.)			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 06/02	Payee name Kevin Lopez Payee address; City; State; Zip Code S.A., Tx.			Amount (\$) \$500.00	
Purpose of payment (See instructions regarding type of information required.) Consulting			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 06/02	Payee name Misc. Receipts for Walgreens, Dollar Store, H.E.B. (Roland Rd. Clean-Up) Payee address; City; State; Zip Code			Amount (\$) \$121.02	
Purpose of payment (See instructions regarding type of information required.) Gloves, Attendance Prizes Antiseptics, Hand Cleansers			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 06/02	Payee name Laura Cabanilla-Pruett Payee address; City; State; Zip Code S.A., Tx.			Amount (\$) \$1,660.00	
Purpose of payment (See instructions regarding type of information required.) Consulting Efforts			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
(Pg. Tot: 2,581.02)				ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED Sub: \$6,545.71	

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2002 JUL 15 PM 10:20

1 Total pages Schedule F:

6 of 9

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/02

5 Payee name

South San Antonio Chamber

6 Payee address; City; State; Zip Code

S. A., Tx.

7 Amount (\$)

\$450.00

8 Purpose of payment (See instructions regarding type of information required.)

Golf Tournament

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

06/02

Payee name

Kevin Lopez

Payee address; City; State; Zip Code

S. A., Tx.

Amount (\$)

\$1,100.00

Purpose of payment (See instructions regarding type of information required.)

Consulting

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

06/02

Payee name

Leo Rahmgren

Payee address; City; State; Zip Code

S. A., Tx.

Amount (\$)

\$100.00

Purpose of payment (See instructions regarding type of information required.)

Refreshments for Highland Hills Alli. Plan. Mt.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

07/02

Payee name

S. A. Post

Payee address; City; State; Zip Code

S. A., Tx.

Amount (\$)

\$350.00

Purpose of payment (See instructions regarding type of information required.)

July 4th Advertisement

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

(Page 5 of 6)

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Sub: \$8,545.71

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

(Pg. Tot. \$572.04)

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Sub: \$9,117.75

POLITICAL EXPENDITURES**SCHEDULE F**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

8 of 9

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

01/02

Antionette Moorhouse

6 Payee address; City; State; Zip Code

S.A.T.

7 Amount (\$)

\$1,000.00

8 Purpose of payment (See instructions regarding type of information required.)

Partial Reim. on h.h.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

05/02

Antionette Moorhouse

Payee address; City; State; Zip Code

S.A.T.

Amount (\$)

\$1,000.00

Purpose of payment (See instructions regarding type of information required.)

Partial Reim. on h.h.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

04/02-
06/02

Verizon

Payee address; City; State; Zip Code

S.A., Tx

Amount (\$)

\$255.00

Purpose of payment (See instructions regarding type of information required.)

Phone Svc.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

02/02

H.E.B

Payee address; City; State; Zip Code

Fair Ave. - SAT

Amount (\$)

\$143.23

Purpose of payment (See instructions regarding type of information required.)

Valentines Cakes
Sr. Cntrs & Residences

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

C.R. Tot: \$2,398.23

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Sub: \$11,515.98

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2002 JUL 15 AM 10:20
Total pages Schedule F:

9 of 9

2 FILER NAME

Antoinette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/02

5 Payee name

H. E. B.

6 Payee address; City; State; Zip Code

Fair Ave. - SAT

7 Amount (\$)

\$143.23

8 Purpose of payment (See instructions regarding type of information required.)

Cakes - St. Pat's Day
Sr's (Center & Resid.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/02

Payee name

H E B

Payee address; City; State; Zip Code

Fair Ave. - SAT

Amount (\$)

\$143.23

Purpose of payment (See instructions regarding type of information required.)

Cakes - Mother's Day
(Same As Above)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

(Pg. Tot: \$28,446)

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Tot: \$11,802.44

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1 of 1

2 FILER NAME

Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

2002 JUL 15 AM 10:20

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1 of 1

2 FILER NAME

Antoinette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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SCHEDULE I

1 Total pages Schedule I:

1 of 1

FILER NAME Antionette R. "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4	Date	5	Payee name Payee address; City; State; Zip Code	8	Amount (\$)
		7	Purpose of expenditure (See instructions regarding type of information required.)		
	Date		Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)		Amount (\$)
	Date		Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)		Amount (\$)
	Date		Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)		Amount (\$)
	Date		Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)		Amount (\$)

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CREDITS (optional)		SCHEDULE K
<div style="text-align: right; font-size: small; margin-bottom: 5px;">RECEIVED CITY OF SAN ANTONIO CITY CLERK</div> <div style="text-align: right; font-size: x-small; margin-bottom: 5px;">2002 JUL 15 AM 10:21</div>		
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule K: 1 of 1
2 FILER NAME Antoinette R. "Toni" Moorhouse		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payor name <div style="border-top: 1px dotted black; height: 1.2em; margin-top: 5px;"></div> 6 Payor address; City; State; Zip Code <div style="border-top: 1px dotted black; height: 1.2em; margin-top: 5px;"></div> 7 Reason for credit	8 Amount (\$)
Date	Payor name <div style="border-top: 1px dotted black; height: 1.2em; margin-top: 5px;"></div> Payor address; City; State; Zip Code <div style="border-top: 1px dotted black; height: 1.2em; margin-top: 5px;"></div> Reason for credit	Amount (\$)
Date	Payor name <div style="border-top: 1px dotted black; height: 1.2em; margin-top: 5px;"></div> Payor address; City; State; Zip Code <div style="border-top: 1px dotted black; height: 1.2em; margin-top: 5px;"></div> Reason for credit	Amount (\$)
Date	Payor name <div style="border-top: 1px dotted black; height: 1.2em; margin-top: 5px;"></div> Payor address; City; State; Zip Code <div style="border-top: 1px dotted black; height: 1.2em; margin-top: 5px;"></div> Reason for credit	Amount (\$)
Date	Payor name <div style="border-top: 1px dotted black; height: 1.2em; margin-top: 5px;"></div> Payor address; City; State; Zip Code <div style="border-top: 1px dotted black; height: 1.2em; margin-top: 5px;"></div> Reason for credit	Amount (\$)

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